

Owner-Occupant LEAD-SAFE CAMBRIDGE INTAKE FORM

Office Use Only
INFORMATION COMPILED BY:
DATE COMPILED:

Owner-Occupant Information

Owner-Occupant	Information
Name(s) of Owner(s)	
Trust/Corporation/Partnership/Individual(s)	T C P I
Owner Street Address, Unit #	
Owner City/State/Zip	CAMBRIDGE, MA _ _ _ _ _
Owner Telephone/Day Owner Telephone/Evening	_____ _____
How did you hear about LSC?	

Additional Owner-Occupant Information

Owner-Occupant	Information
Owner's Primary Language	
Total # of Occupants	
Total # of Children Under 6 Years Old	
Is Any Member of the Household Pregnant?	Yes No Don't know
Do You Receive Section 8 or Other Subsidy?	Yes No
LIST ALL ADDITIONAL OCCUPANTS Name: First, Last	DOB and Relationship to Owner DOB Relationship
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Property Information

Property To Be Deleaded	Information
Total # of Units in Bldg	
Total # of Bedrooms	
Year of Construction	

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Other Property Information

Building	Information
Under Order to Delead? <i>(Circle One)</i>	Yes No
Violation Correction? <i>(Circle One)</i>	Yes No
Non-profit CDC involvement <i>(Circle One)</i>	None CNAHS CCHDI HRI JAS Other
Name/Phone for CDC Contact person:	_____
Extent of Additional Concurrent Work to be Done by CDC? <i>(Check One)</i>	<input type="checkbox"/> None <input type="checkbox"/> Pre-requisite work only <input type="checkbox"/> Weatherization/Housing code repair (<\$5,000) <input type="checkbox"/> Moderate rehab (<\$15,000) <input type="checkbox"/> Substantial rehab (<\$25,000) <input type="checkbox"/> Gut rehab (\$25,000+)

Household Income Information

Total Annual Household Income before taxes (gross)
for all household members from all sources for 2003. \$_____ per year

Total Year-to-Date Household Income before taxes (gross)
for all household members from all sources for 2004. \$_____ per year

Expected Total Annual Household Income before taxes (gross)
for all household members from all sources for 2004. \$_____ per year

Please ATTACH copies of the following documentation of household income. (Check all that apply.)

1. 2003 Federal Income Tax Return ☐
2. Most recent pay stub showing year-to-date earnings ☐

OR

3. Unemployment compensation documentation showing year-to-date earnings ☐
4. Fixed income documentation (AFDC, Social Security, etc.) ☐
5. Lead-Safe Cambridge "Affidavit of Self-Employment or Unreported Income" ☐

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APPLICANT CERTIFICATIONS

THE APPLICANT(S) CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND NO INFORMATION HAS BEEN EXCLUDED WHICH MIGHT AFFECT A JUDGEMENT REGARDING FEASIBILITY OF CITY PARTICIPATION IN DELEADING THE APPLICANT'S PROPERTY. SIGNING THIS APPLICATION WILL GIVE THE CITY OF CAMBRIDGE COMMUNITY DEVELOPMENT DEPARTMENT THE RIGHT TO OBTAIN VERIFICATION FROM ANY SOURCE HEREIN.

Applicant's Signature

Date

THE APPLICANT(S) HEREBY ACKNOWLEDGES THAT, AT ALL TIMES AND IN ALL ASPECTS OF THE LEAD-SAFE CAMBRIDGE PROGRAM, THE CITY OF CAMBRIDGE RELIES UPON THE INSPECTIONS AND CERTIFICATIONS OF LICENSED LEAD INSPECTORS AND DELEADERS AND AT NO TIME CONDUCTS ANY INDEPENDENT DETERMINATION OF THE EXISTENCE OR REMOVAL OF LEAD PAINT AND MAKES NO REPRESENTATIONS TO THE OWNER OR TO THE TENANTS REGARDING THE EXISTENCE OR REMOVAL OF LEAD PAINT.

Applicant's Signature

Date